

FILED DEC 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39426

State File No. ....

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>204</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		c. LENGTH OF STAY (in this place) <u>86 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u>		<u>0621</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 Cahoon St.</u>				d. STREET ADDRESS (If rural, give location) <u>303 Cahoon St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Bertha</u>		a. (First)		b. (Middle) <u>Josephine</u>		c. (Last) <u>Moyer</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 26, 1866</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (In years last birthday) <u>86 yrs</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. BIRTHPLACE (State or foreign country) <u>Marouand, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Carter Skaggs</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Boswell</u>		14. NAME OF HUSBAND OR WIFE <u>James M. Moyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Fern Thompson Fredericktown Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pleurisy with effusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic (questionable) T.B.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anaemia, mitral insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>no 2x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Nov 25, 1952</u> , that I last saw the deceased alive on <u>Nov 24, 1952</u> , and that death occurred at <u>6:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. Clougherty M.D.</u> (Degree or title)				23b. ADDRESS <u>131 W Main Fredericktown Mo</u>		23c. DATE SIGNED <u>11/26/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-26-1952</u>		REGISTRAR'S SIGNATURE <u>Florence Fickel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Najim Jr Fredericktown, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON CO. HEALTH DEPT.  
FREDERICKTOWN, MO.

FEB 18 1953

RECEIVED  
DEC 4 - 1952  
RECEIVED

FILE No. 1252-63

FEB 18 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed William B. O'Connor

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.